

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number Q96716 Confirmation Number 6983																																																						
Application Number 10/598,533		Filing Date September 1, 2006																																																						
For	MEDICINAL COMPOSITION FOR PREVENTION OR TREATMENT OF OVERACTIVE BLADDER ACCOMPANYING NERVOUS DISORDER																																																							
Art Unit	1614	Examiner Name BLAKELY III, NELSON CLARENCE																																																						
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th><u>Fee</u></th> <th><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$130.00</td> <td>\$65.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two month (37 CFR 1.17(a)(2))</td> <td>\$490.00</td> <td>\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three month (37 CFR 1.17(a)(3))</td> <td>\$1110.00</td> <td>\$555.00</td> </tr> <tr> <td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4))</td> <td>\$1730.00</td> <td>\$865.00</td> </tr> <tr> <td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5))</td> <td>\$2350.00</td> <td>\$1175.00</td> </tr> <tr> <td><input type="checkbox"/> Previous Payment Amount</td> <td colspan="2">Date Submitted _____</td> </tr> <tr> <td><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</td> <td colspan="2">_____</td> </tr> <tr> <td><input type="checkbox"/> A check in the amount of the fee is enclosed.</td> <td colspan="2">_____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment by credit card.</td> <td colspan="2">_____</td> </tr> <tr> <td><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td> <td colspan="2">_____</td> </tr> <tr> <td><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee, or credit any overpayment, to Deposit Account Number 19-4880.</td> <td colspan="2">_____</td> </tr> <tr> <td>I am the</td> <td colspan="2"> <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,641</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34 <u>_____</u> </td> </tr> <tr> <td colspan="3" style="text-align: center;"> WASHINGTON OFFICE 23373 CUSTOMER NUMBER </td> </tr> <tr> <td colspan="2"> <u>/Jennifer M. Hayes/</u> Signature </td> <td> September 1, 2011 Date </td> </tr> <tr> <td colspan="2"> <u>Jennifer M. Hayes</u> Typed or printed name </td> <td> (202) 293-7060 Telephone Number </td> </tr> <tr> <td colspan="3"> Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. </td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td colspan="2">Total of <u>1</u> form is submitted.</td> </tr> </tbody></table>				<u>Fee</u>	<u>Small Entity Fee</u>	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00	<input checked="" type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00	<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00	<input type="checkbox"/> Previous Payment Amount	Date Submitted _____		<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	_____		<input type="checkbox"/> A check in the amount of the fee is enclosed.	_____		<input checked="" type="checkbox"/> Payment by credit card.	_____		<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.	_____		<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.	_____		I am the	<input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,641</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34 <u>_____</u>		WASHINGTON OFFICE 23373 CUSTOMER NUMBER			<u>/Jennifer M. Hayes/</u> Signature		September 1, 2011 Date	<u>Jennifer M. Hayes</u> Typed or printed name		(202) 293-7060 Telephone Number	Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			<input checked="" type="checkbox"/>	Total of <u>1</u> form is submitted.	
	<u>Fee</u>	<u>Small Entity Fee</u>																																																						
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00																																																						
<input checked="" type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00																																																						
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00																																																						
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00																																																						
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00																																																						
<input type="checkbox"/> Previous Payment Amount	Date Submitted _____																																																							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	_____																																																							
<input type="checkbox"/> A check in the amount of the fee is enclosed.	_____																																																							
<input checked="" type="checkbox"/> Payment by credit card.	_____																																																							
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.	_____																																																							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.	_____																																																							
I am the	<input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,641</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34 <u>_____</u>																																																							
WASHINGTON OFFICE 23373 CUSTOMER NUMBER																																																								
<u>/Jennifer M. Hayes/</u> Signature		September 1, 2011 Date																																																						
<u>Jennifer M. Hayes</u> Typed or printed name		(202) 293-7060 Telephone Number																																																						
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																																																								
<input checked="" type="checkbox"/>	Total of <u>1</u> form is submitted.																																																							